PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10/502257

•	Effective October 1, 2003											• • • • •
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	0		R THA:
T	OTAL CLAIM	S					Г	RATE	FEE		RATE	FE
F	OR		NUMBER FILED		NUMBER EXTRA		8/	SIC F	E 43		BASIC FE	ε .
T	OTAL CHARGE	ABLE CLAIMS	4.	4 minus 20=		•		XS 9=		0	R XS18=	†
IN	DEPENDENT (CLAIMS	4	# minus 3 =		•		X43=	4	2	`` 	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT	•	<u></u>		-		 	겍애		+-
<u>ب</u>	f the differenc	less than	ss than zero, enter "0" in column			<u> </u>	145=	49	- 1	<u> </u>	╀	
							3	OTAL		⊿ o		
	•	CLAIMS AS A (Column 1)	AMENDE	MENDED - PART II (Column 2) (Colu			s	MALL	ENTITY	OF	_	R THAN .ENTIT\
AMENDMENT A	9/1/05	CLAIMS. REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAI FEE		RATE	ADD TION/ FEE
	Total	. 5	Minus	- 21)	= 0	×	S 9=		OR	X\$18=	
	Independent	. 5	Minus	4	<u> </u>	= '/	×	43= -	10000	OR	X86=	
_	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT	CLAIM			45=	1	7		1.
		•						TOTAL	 	OR	TOTAL	<u> </u>
		(O-1,; 4)	•		a. ·	'(O-1)	ADD	T. FEE		_IOR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS		(Columi		(Column 3)	_		4001	7		1 4001
	•	REMAINING AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA	.R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	•	Minus	••		± .	X	9=		OR	X\$18=	
AME	Ingependent		Minus	***		=	X43=			OR:	X86=	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=		OR	+290=	
· · · · · · · · · · · · · · · · · · ·								OTAL	·. •	OR	TOTAL ADDIT FEE	
		(Column 1)		(Column	21·	(Column 3)	MODI	. PEE I		. ·	AUUII. PEEI	
J		CLAIMS		HIGHES	T		<u></u>		ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RA	TE	TIONAL FEE_		RATE	TIONAL FEE
	Total	•	Vinus	*			EXS	9=		OR	X\$18=	
	Independent	•	Minus	÷eo	·		X4	<u>.</u>	·		X86=	
	FIRST PRESEN	NTATION OF MUL	TIPLE DEP	ENDENT C	LAM					OR		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								5= ,		OR	+290=	
- 17	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ;	TOTAL VODIT, FEE	
T	he "Highest Numb	er Previously Paid	For (Total or	Independent)	is the f	ughest number (ouad in L	he appo	opriate box	in cok	<i>u</i> ma 1.	